

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	18/01/2018 12:30
Date Of Accident	18/01/2018 08:15
Exact Location Of Accident	WEST COAST HIGHWAY NEAR WEST COAST CAR MART
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB6076H
Insured/Policyholder	
Name Of Registered Owner	STARHUB CABLE VISION LTD
Co Reg No	199103398C
Email Address	MYWU@STARHUB.COM
Mobile Phone No	
Alternative Phone No	OFFICE-68255085

Vehicle Particulars

Manufacturer	FIAT
Model	SCUDO 120 MULTIJET 2.0 MT ABS D/AB 2WD
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M494789
Cover Note Number	

Driver

Name of Driver	TAN KIAN HOE THOMAS
NRIC No	S7935099J
Date Of Birth	01/11/1979
Occupation	INDOOR
Date Of Driving Pass	01/04/1999
Driving Experience	18 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81130789
Fax Number	
Contact Number	
Email Address	KHTTAN@STARHUB.COM

Address	BLK 460 SEGAR ROAD #13-197
Postcode	670460
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO MOTORCYCLIST
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ATTACHED . ** HIT BY MOTORCYCLE WHEN ABOUT TO STOP **

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

Details of Witness 1

Name	STEVEN
Phone Number	96703845
Email Address	

Details of Witness 2

Name	YAN JUN
Phone Number	94592991
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

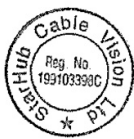
SKETCH PLAN

IMPORTANT NOTICE

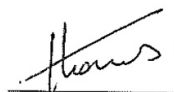
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**


I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



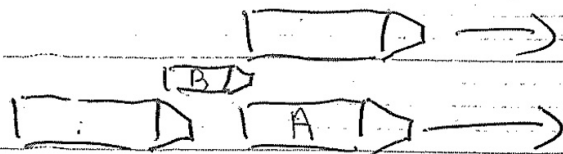
Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

WEST COAST HIGHWAY
~~PASSE PASSE~~ ~~RD~~ ← RED TRAFFIC LIGHT



A: GBB60764

B: Motorcycle

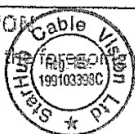
~~PASSE PASSE~~
 WEST COAST HIGHWAY

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

WAS DRIVING ON WEST COAST HIGHWAY NEAR WEST COAST CAR
 MART, WHEN THE TRAFFIC LIGHT TURN RED. ^{MY} VAN IS
 SLOWING DOWN, GOING TO A STOP ^{BEHIND} THE FRONT VEHICLE
 WHEN SUDDENLY, HEARD A SOUND COMING FROM THE LEFT BACK
 OF MY VAN. I ^{LOOKED} AT MY ^{SIDE} MIRROR, REALISE A
 MOTOR BIKE HAVE COME INTO CONTACT WITH MY VAN & FALL
 DOWN. ~~NO~~

DECLARATION

I/We declare the particulars are true in every respect.



Policyholder's Signature
 Date & Time:

Driver's Signature
 (If driver is not the policyholder)

18/01/18 / 12:34 NOON

Reporting Centre Personnel's Signature
 Name:

[Signature]



INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792K | GST. Reg. No. M2-0078806-X
 64 Cecil Street #04/ #05/ #06-02 10B Building Singapore 049711
 Office (65) 63476100 Email insure@iii.com.sg
 Fax (65) 62244174 Website www.iii.com.sg

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

This certificate is not transferable to a new owner of the vehicle. If for any reason the Insurance is terminated during its currency, the Certificate must be returned to the Insurer, or if the Certificate has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the legislation relating to compulsory Insurance.
 The Certificate must be returned if the Insurance is suspended during its currency.

Agency Code: 10827SE Comprehensive	Excess: SS500/-Sect. I & SS1000/- Sect. I for age <21 years or > 65 years &/or D.E. < 1 year Windscreen: SS100.00
CERTIFICATE NO.	M494789
1. Index Mark and Registration Number of Vehicle	GBB6076H
2. Name of Policy Holder	StarHub Cable Vision Ltd
3. Effective date of the commencement of Insurance for the purposes of the Act	01 January 2018
4. Date of Expiry of Insurance	31 December 2018
5. Persons or Classes of Persons entitled to drive*	
Any person who is driving on the Policyholder's order or with their permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.	
6. Limitations as to use*	
(1) Use in connection with the Policyholder's business. (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. (3) Use for social, domestic and pleasure purposes. The Policy does not cover (1) Use for hire or reward or for racing, pace-making, reliability trial, or speed-testing. (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.	
*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.	

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Date of Issue: RL/08.12.2017

for India International Insurance Pte. Ltd.
(APPROVED INSURERS)

M Z. 300C (GOODS CARRYING)
PRIVATE TYPE

Authorised Signatory

IMPORTANT NOTICE

Policyholders are hereby warned that under the Motor Vehicle (Third Party Risks and Compensation) Act (Cap. 189), it shall be unlawful for any person to use or to cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act.

Policyholders are further warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act, (Cap. 189).

The Policy will cease to be valid once the motor vehicle has been sold to another person unless the transfer of interest has been duly notified to and agreed to by the insurance company concerned. If the insurance company agree to cover the new owner they will endorse the policy accordingly and will issue a new Certificate of Insurance in the new owner's name.

IN THE EVENT OF AN ACCIDENT NOTIFICATION SHOULD BE GIVEN IMMEDIATELY TO THE COMPANY. FAILURE TO DO SO WILL RESULT IN UNDERWRITERS DECLINING LIABILITY.

Agent/Broker Name: ComfortDelgro Ins Brokers



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S7935099J**

Name: **TAN KIAN HOE, THOMAS**

Birth Date: **01 Nov 1979**
Issue Date: **24 Aug 2012**

002099942F

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7935099J**

Name: **TAN KIAN HOE, THOMAS**



陈建和

Race: **CHINESE**

Date of birth: **01-11-1979** Sex: **M**

Country of birth: **SINGAPORE**

4882246

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars=<3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

EFFECTIVE DATE: **01 Apr 1999**

NP 428A

Licence No. **S7935099J**





NRIC No. **S7935099J**

Date of issue: **24-08-2012**

APT BLK 460 SEGAR ROAD #13-197
SINGAPORE 670460

NRIC No: **S7935099J** Date: **27/04/2015**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



